THE OFFICIAL ORGAN OF { The Canadian Hospital Association
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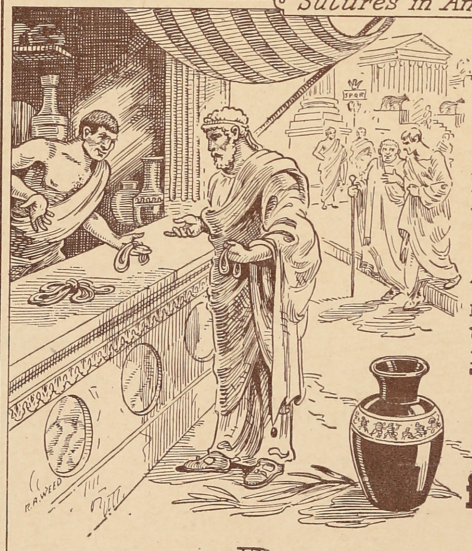
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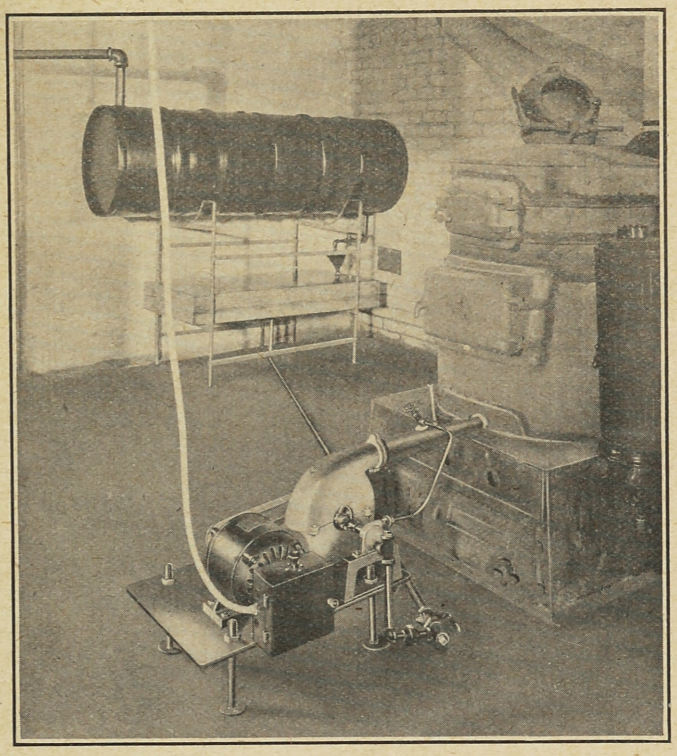
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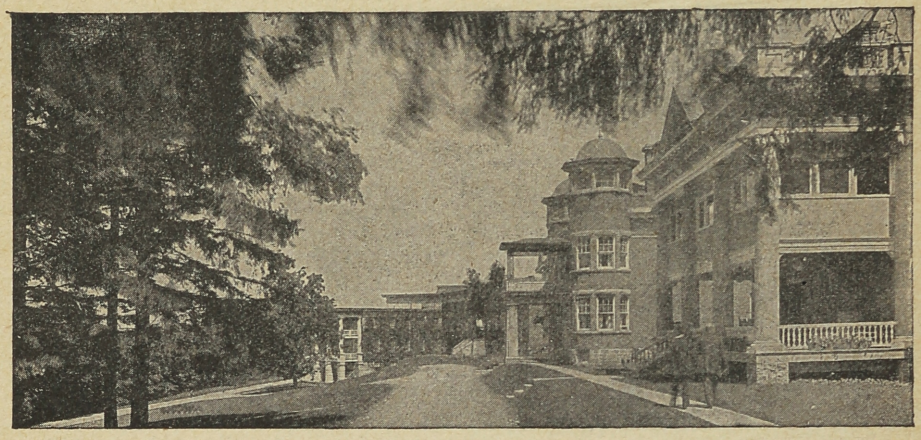
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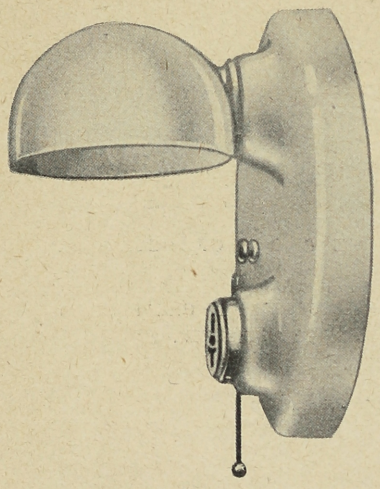
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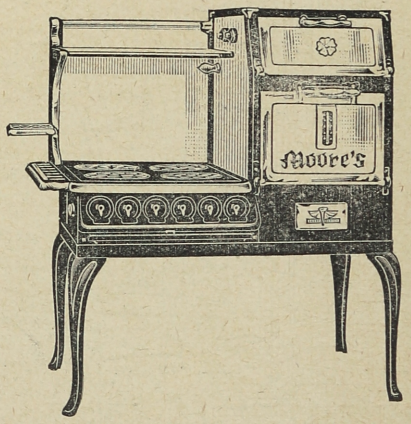
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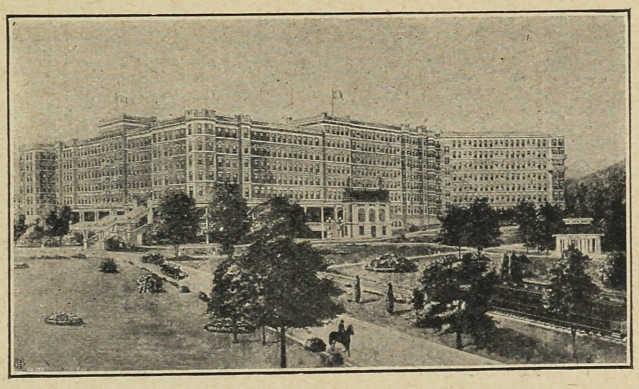
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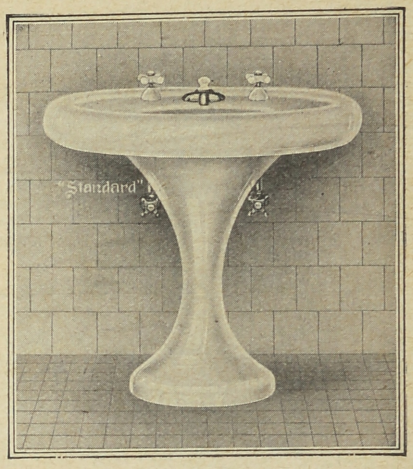
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The Hospital World

TORONTO, CANADA

A Journal published in the interests of Hospitals, Sanatoria, Asylums and Public Charitable Inscitutions throughout the British Empire.

VOL. XXIV TORONTO, DECEMBER, 1923 No. 6

Editorial

American Hospital Association

This association met in Milwaukee Oct. 29th-Nov. 3rd. The aim of the administrators has been to collect and present a maximum amount of the best information and a concensus of opinion on the live and pressing hospital problems.

The exposition of hospital exhibits—commercial and non-commercial—covered almost two acres. There was an exhibit of floor plans of 600 hospitals arranged according to types and sizes. Fifty-one plans received in the prize contest conducted by the *Modern Hospital* were shown; as well as a selected group of plans of hospitals and sanitariums for tuberculosis. The committee for hospital construction, equipment and maintenance, had a booth for the purpose of giving service through discussion, information and advice, where all interested might talk their problems over. Last year there was an instructive special report on floors. A second report was made this year and specimens tested and described.

There was also on exhibition a complete model of a regular hospital kitchen, diet kitchen, bakeshop and accessories. They were well worth studying. An educational exhibit of occupational therapy craft work was also to be found, wherein articles useful and artistic, made by patients, were placed for inspection and study.

Canadians were especially proud to find that representatives of the Royal Victoria Hospital, Montreal, gave a continuous practical demonstration of their methods in the treatment of diabetes by insulin.

From the library and service bureau section there were distributed bibliographies on all sorts of hospital questions. There were 3,000 requests for such information last year at Atlantic City.

Demonstrations were given of the up-to-date methods of heart clinics, making clear approved means for the prevention and most effective procedures in the relief of cardiac affections. This is important when it is remembered that the mortality from heart diseases is rising rapidly.

A committee on dispensary development in New York displayed various findings and conclusions they have arrived at after years of intensive study of the problem.

The American Medical Association presented facts and results of the studies on the relation of hospitals to medical education.

Social service workers from all sections of America were present to discuss various phases of the work in which they are engrossed. They made

a statistical exhibit, which, in spite of its dry figures, will be found to be both instructive and suggestive.

On October 26 and 27, the Chicago hospitals entertained all visiting delegates with a programme of demonstrations in various hospitals. They were transported through the Windy City by special motors.

Reports of committees of canned fruits and vegetables, on renovation of gauze, cleaning, and other work were received.

Canada was well represented.

The Sheffield Hospitals

A contemporary informs us that Sheffield (England) has five voluntary hospitals—united in their appeal, unhampered by redundant effort and working to a common end. Here is a lesson for some of our Canadian and American cities, with their spasmodic, unsystematic, individual, capricious efforts to maintain their institutions.

Three years ago the Sheffield hospitals found themselves with a shrinkage of private subscriptions and an irreducible annual expenditure of £120,000; so they combined to meet the dangers threatened by declining trade and unprecedented unemployment.

A new policy was adopted by the Joint Hospitals Council with a view to more democratic control; virtually every force in the city's civic, educational, industrial and commercial life, irrespective of social considerations was harnessed to ensure active re-

cognition of the fact (and its accompanying obligation) that the hospitals are primarily intended for the unemployed and for the sick poor, and that they must secure regular and unfluctuating support.

By the new scheme, the employee gives one penny in each complete pound of his earnings; the employer adds not less than one-third to the total of the employee's contributions. In return unlimited numbers of letters of introduction are placed at the disposal of each contributing establishment, to be used only for the workmen and their dependents. Hospital treatment is promised in so far as beds are available; medical urgency is the only condition of admission. This general principle is made to apply to shopkeepers, workers in union establishments, and even to neighboring towns. Arrangement has been made with the Poor Law authorities by which urgent cases for which no bed is available in the voluntary hospitals may be admitted to a Poor Law hospital, at the expense of the Joint Hospitals Council.

Toronto, with its annual big deficits, and other Canadian cities which find difficulty in financing, might well consider the Sheffield plan.

Hospital Libraries

Hospital libraries in America sprang into existence in 1904 where one would expect they would—at or near Boston. One was the McLean Hospital for Insane, the other in the Massachusetts General. It was discovered in the former that the right sort

of books helped toward the recovery of mental ailments; in the latter that they acted like tonics and sedatives.

When the war supervened, then it was seen how important a part books played in the entertainment of convalescent patients. This gave the library movement a great impetus. Now we hear of the therapeutic value of books, just as a few years ago we heard of the value of occupational therapy.

The hospital library may contain books not only for patients, but for nurses, doctors and attendants. One librarian may be in charge—on part or full time duty, depending on the size of the hospital and the amount of work to be done. If the hospital is unable to pay for the full time service of a well-trained librarian, one of the hospital officers or employees may be placed in charge, carrying on his own work and the library work. The principle qualifications for a hospital librarian, according to the author of *The Hospital Library*, are health, dignity, maturity, tact and a large amount of social service spirit. In some hospitals the social service department assumes charge of the library work.

The library room should be bright, attractive and comfortable, with easy chairs, a fireplace and some pictures. It should be a place where patients may look over books and converse when not disturbing other readers.

Miss Kathleen Jones says women want love stories and men, western, detective and adventure stories. She advises that stories containing characters who are insane, degenerate, or epileptic should be ex-

cluded. Stories of suicides, morbid and depressing novels, tales of unhappy childhood, marital infelicity, and physical deformities which warp a man's nature should be debarred; also those which end unhappily. Erotic stories, and those discussing sex problems, ghost stories, self-analytical novels, or those which contain gruesome or bloody details or which depict horror are likewise taboo. This author puts the ban on most books on psychology, religious discussion, law, medicine, and mental hygiene, unless the patient's physician passes upon them.

There are plenty of clean, charming, entertaining stories—fine, strong, thoughtful novels; detective stories (not psychic) which dwell upon the skilful raveling of the mystery (not on the details of the preceding crime), books with pictures, on travel, history, biography, poetry, essays, out-of-door books on trees, flowers, birds, animals and scenery—all this sort are recommended by the author of *The Hospital Library.*

Such well known authors as Longfellow, Whittier, Tennyson, Dickens and Thackeray are admitted as a matter of course. Among the newer and less known authors Miss Jones names Butler (Pigs is Pigs), Mrs. Mary Andrews, Bangs, Wister, Lincoln, Bacheller, D. D. Wells, J. J. Bell, Birmingham, C. D. Stewart, Clouston, Bessie Hoover, H. Hall, Leacock, Janvier, Fedden, Mrs. Gillmore, Mrs. Vorse, Stockton, R. H. Davis, Grenfell, Miss Wilkins, Mrs. Wiggin, Dorothy Canfield, Laura

Richards, Gale, Van Dyke, Henry, Jacobs, Conrad, Merriman and many others.

We suggest that all our Canadian hospitals introduce the library idea.

Books for hospital libraries should have their covers shellacked, should be fumigated and exposed to sunlight (when necessary) and kept in thorough repair.

Hospital librarians should wear gowns when at work and also gloves. If they do not use gloves, they should wash their hands *frequently* with soap and in running water.

History of Toronto Hospitals

The Dominion Publishing Company of New York and Toronto have published a history of Toronto in three large volumes. Jesse Edgar Middleton is the editor-in-chief. A score or more of special writers contribute articles on the subjects in which they are particularly interested. "The Hospitals of Toronto" is the subject treated by Dr. John N. E. Brown, one of the editors of THE HOSPITAL WORLD. It is this article perhaps which will interest our readers more than the others; though that by Dr. H. B. Anderson on "The Medical Profession" will also be of interest, since the profession is so closely associated with hospital work.

Dr. Brown opens with an allusion to the first hospital in Toronto—a church, used in the war of 1812, to receive the overflow of men wounded in a battle at Queenston. The medical officer in charge was Dr. Wm. Dunlop, who describes the event in

his little book. He now lies interred at Goderich. It would appear that this same church was used when Toronto (then York), was captured by the American forces. The British, before defeat, set fire to their powder magazine—many Americans as well as British, were badly injured in the explosion. These were attended in the hospital by the celebrated Dr. Wm. Beaumont, who was medical officer to the American forces. The particulars are related in Dr. Beaumont's autobiography.

Jumping across the years between 1814 and 1914, the history under review gives an account of the several hospitals used in Toronto during the Great War. A detailed account of their activities is given and will be read with much interest, not only by our generation, but by Canadians of the future, and will shew how Canadians—and especially Torontonians—reacted to the appeal for help to their wounded and sick soldiery.

The history of civil institutions begins immediately at the close of the war of 1812. By 1820, the York General Hospital was under construction. The site was where the Arlington Hotel now stands. It was used until 1856 and was demolished in 1862. The name was changed to the Toronto General Hospital and a new building was erected on Gerrard Street East, near the Don. In 1913 the patients were removed to the new "General" on College Street. A resumé of the work of the trustee boards and administrators is briefly given.

St. Michael's Hospital next comes under review and special tribute paid to the work of the late

Robert J. Dwyer, the first medical superintendent. Following is a description of the buildings, equipment of the Hospital for Sick Children—a monument to the late John Ross Robertson—"the most princely benefactor to the public," states Sir Edmund Osler, "that is chronicled in the history of Canada."

The story of Grace Hospital follows—the establishment with which Drs. John Ferguson, George Carveth, Price-Brown, and Hon. Thomas Crawford had so much to do.

The Toronto Orthopedic Hospital's history is coupled with the name of that first of Toronto's orthopedists, Dr. B. E. MacKenzie. Dr. John Potts, the eloquent Methodist divine, was the first president of the board of trustees.

The Hospital for Incurables began to function in 1874. Sir Mortimer Clark and Mr. Ambrose Kent are names best known, perhaps, in connection with the outstanding work of this splendid institution.

A brief description is given, too, of the old Queen Street Hospital for Insane, designed by J. G. Howard, who gave the magnificent park bearing his name to the City of Toronto.

The Wellesley Hospital established by one of our editors, Dr. Herbert Bruce; the Women's Hospital on Rusholme Road; the St. John's Hospital (Anglican); the Cottage Hospital (Miss Lash's); the Riverdale Isolation Hospital, under the control of the Medical Health Department with Miss Kate

Matheson, superintendent, all come in for short mention.

When it is known that "Robertson's Landmarks" are now almost unobtainable—a year or more ago sets were worth $75.00—it will be seen how timely this History of Toronto is; and all buyers of it will have in their possession a work chockfull of information and one that will doubtless increase in money value more and more as time goes on.

For the Children

Here is a happy way of entertaining children who are waiting their turn in Health Clinics. This has been put in practice by that splendid old institution, the Boston Dispensary.

For Children's Day—usually Saturday forenoon, at the Clinic—an automatic lantern is set up and attractive health pictures interspersed with health allegories or legends are shown. Another attractive feature is the health railway, the road to Wellville. A little car running about on a toy railway has for its stations places like Bathtown, Earlyrise, Freshair, Fruitland or Milktown, each of which has an environment, or an equipment befitting its name. As the little train stops at the different stations, the attendant, in terms to be understood by children, impresses some essential health fact on her little hearers. That they are interested is most evident, for they remain before the miniature landscape until their names are called for examination, and even then on the way to the desk can not fail to stop a moment before the pretty steropticon pictures of the Boston association.

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Selected Articles

HOSPITAL FINANCE: A SUGGESTED SCHEME

Hospital finance, especially since the war greatly inflated administrative costs has been an anxious problem for the managers of these great philanthropic institutions. There are those who say that the only remedy is to be found in State control with its deadening influence on human sympathy. If such a development were to come to pass it would be a great calamity. The maintenance of the voluntary system is worth striving for, and if the public rally in its support it can yet be saved. Useful suggestions to this end were made in a paper by Sir Napier Burnett, read at the annual conference of the British Hospitals' Association at Sheffield. Their object is to systematize and intensify the methods under which voluntary contributions are made. The British Red Cross sent out a questionnaire to over a hundred large hospitals throughout the country in regard to the working of contributory schemes, and from an analysis of the answers returned several points emerge that deserve closer consideration than they have yet received. It is found that in some cases such schemes have been in existence for half a century, so that, as Sir Napier Burnett says, if payments by patients or potential patients are inimical to the voluntary system, a destructive process has been in progress for a long time—without doing any perceptible harm, but, on the contrary, achieving manifest good. In the majority of cases the voluntary levy is deducted from the employees' wages by the firm before the wages are paid over, and this is the most satisfactory method. Where the assistance of the employer is given in this way the total sum raised is almost invariably in excess of that produced by any other means. There are figures to show that it has been instrumental in increasing three-fold the amount raised at works and organizations previously dependent upon the good offices of some voluntary collector. It

is beneficial also for the hospitals to stimulate rivalry between districts by announcing the amounts received from each, and to keep a reckoning of the number of contributors each year as well as of the number treated. In the majority of English hospitals payments are now asked for from patients who are not members of a contributory scheme. Inducements to join such a scheme are that by so doing a less fortunate comrade may be helped when in need of treatment, that the contributor and his family may get treatment should it be required, and that a contributor shares in the management of the hospitals. It is remarked that particular emphasis should be laid on the first-mentioned of these considerations if the voluntary system is to be fostered. There is widespread evidence of the desire to keep "the voluntary gift to help another" as the main idea in a contributory effort. The hospitals, on their part, should clearly state the liability they undertake. Contributors should be informed that the conditions on which they will be admitted are that they are suffering from complaints suitable for hospital treatment, and that there is room for them in the hospital. The contributory class is generally limited to those whose income is below a certain figure, and this also is found to be advisable.

While public hospital treatment is intended primarily for the working classes, the so-called "middle-class" patient of moderate means deserves special consideration. In many cases such patients are ineligible for admission because of rules laid down, it may be, in the charter of the institution, such as "for the sick and lame poor." On the other hand, their income is frequently insufficient to enable them to go into a private hospital or nursing home. An increasing number of those who before the war were in a position to pay for private treatment now apply, the Vice-Chancellor of London University said yesterday, to the voluntary hospitals. It is a serious financial crisis for patients of that description to be overtaken by illness that may involve long absence from work with cessation of income, residence in a private institution, and possibly in addition the costs of operative treatment. Not only that, but the large hospital generally possesses equipment and facilities that are not fully available elsewhere. Such patients, therefore, may suffer real hardship in being unable to participate in the benefits of modern hospital scien-

tific resources. In some hospitals a small number of beds have been set apart for paying patients, and that these are regularly occupied shows that they are fulfilling a felt want. In American hospitals the accommodation given to patients is graded in accordance with the rates they pay, but that system has not been followed in the public hospitals of this country. Patients admitted to the reserved beds are charged from two to five guineas a week towards the cost of maintenance, and in some hospitals they also pay for treatment. The most novel suggestion in the address was designed to cover the middle-class patient with an income between £250 and £600 or £700 a year. Sir Napier Burnett proposes a scheme of voluntary insurance. He calculates from the sickness incidence, which is considerably less among the middle than among the working class, that a premium of £2 per annum, with the option of paying quarterly or half-yearly, would suffice to cover costs and to leave a margin over for the hospital "pool." The medical staff, he says, could not reasonably be expected to render voluntary service to such patients, and an agreed percentage of the "pool" would, therefore, be paid into a medical staff fund. It may be asked whether hospitals could at present supply the requisite accommodation. Sir Napier Burnett thinks they could, because a number of patients make use of their services without payment, although they are in a position to pay some part at least of the costs. With regard to the necessary machinery to run the scheme, it is suggested that it could be provided on the lines of the existing contributory scheme organization. To call in the services of the recognized insurance companies would mean remunerating them, and thus diminishing the benefits that would accrue to the hospitals. Indeed, the most important aspect of the scheme is that it would open up a fresh avenue of finance for the voluntary hospitals and enable payment to be provided for their medical staffs. Conditions vary in different localities, and no hard and fast methods can or should be laid down, but Sir Napier Burnett's suggestions may prove useful where a reorganization of hospital finances is urgent. —*The Scotsman*

Society Proceedings

THE ALBERTA HOSPITALS ASSOCIATION

Charlotte E. Melrose.

The annual meeting of Alberta Hospitals Association opened in Calgary, Thursday, Sept. 5th, with representatives from Calgary, Holy Cross, and General Hospitals; McLeod; Lethbridge; High River; Drumheller; Medicine Hat; Red Deer; Edmonton Misericordia, General, and Royal Alexandra Hospitals.

The treasurer showed a favorable balance. The committees were appointed and the following gentlemen were asked to act upon the Special Legislation Committee: Dr. H. R. Smith, Dr. A. E. Archer, W. T. Henry, Esq., and E. E. Button, Esq.

In the afternoon, Dr. Crawford, in the absence of His Worship Mayor Webster, extended greetings on behalf of the City of Calgary and spoke upon the difficulty of financing hospitals.

Mr. Christie, of The Ontario Laundry, gave a splendid talk upon laundries and said it was his opinion that the great leakage in hospital laundries was due to the lack of co-operation between the nursing staff and the laundry staff.

Mrs. de Stage, of the Holy Cross Hospital, gave a detailed account of the Record System as used in the Holy Cross Hospital, and shewed how easily a threefold record of each case admitted to the hospital might be kept, viz: (a) the patient's personal record; (b) a record of the disease itself; (c) a record of a doctor's patients. This paper brought forth a great deal of discussion, and dissatisfaction was expressed with the system adopted by the government in obtaining records from hospitals, and the Deputy-Minister, who was present, promised to take up the matter.

Mr. Norman McLean spoke on the problems and achievements of the Municipal Hospital, and this evoked a great deal of discussion.

Friday morning a most instructive paper prepared by Mr. A. W. Edwards, manager of the Palliser Hotel, was read by the secretary. Mr. Edwards spoke of the psychological effect of subdued tints on the inmates of a room and suggested pictures in wards and rooms, especially in children's wards.

Dr. Washburn, of Edmonton, gave his personal impressions of hospital management as seen on his recent trip to Eastern Canada and the United States. He had visited the Toronto General. Here the lack of interest in a visitor struck him unfavorably. In the Massachusetts General he was impressed with the clock-work precision of supplying information about the patient to the patient's friends. This was favorably commented upon, but Dr. Washburn spoke of the Ross Pavilion in connection with the Royal Victoria Hospital, Montreal, as the *ne plus ultra* of hospital work and management that he had seen. The way the food was served was especially commented upon. This was a point that appealed to me when I visited the Royal Victoria Hospital in October, 1922, and of which I spoke to the Royal Alexandra Hospital dietitian upon my return.

The election of officers for 1923-4 now took place with the following results:

Honorary President, Hon. R. G. Reid; President, Dr. H. R. Smith, Edmonton; Vice-President, E. E. Dutton, Esq., Lethbridge; Secretary-Treasurer, S. V. Davis, Edmonton.

The Executive Committee: Father Cameron, Calgary; Dr. Washburn, Edmonton, E. W. Starkey, Esq., McLeod; H. B. Stickney, Esq., Morrin.

The four resolutions forwarded by the Edmonton Hospital Board *re*: (a) Home for aged persons and incurables; (b) Government help for hospital training schools; (c) Government grants towards free treatment of children suffering from bone disease or deformities; (d) Change in existing legislation with regard to collection of accounts, were endorsed by the Provincial Meeting and turned over to the Special Legislation Committee who were instructed to bring these and others to the attention of the Provincial Government at the earliest opportune time.

Friday noon the delegates were entertained at luncheon at Bowness Sanitarium and after luncheon a visit was paid to the various units and a very interesting symposium was given by

Dr. L. S. MacKid, Calgary, and Dr. A. H. Baker, Superintendent of Sanitarium.

Dr. Archer spoke on: What we like best and require most from the doctor (the hospital's viewpoint). Care and attention in keeping of records was stressed.

Dr. Lincoln spoke on: What we like best and require most from the hospital (a doctor's viewpoint). He stressed co-operation and a faithful carrying out of orders.

In the evening a public meeting was held in the Al Azhar Temple, which was poorly attended.

Dr. Dunlop gave a careful resumé of the advance of medical science and Dr. Collisson, of Red Deer, spoke of a doctor's usefulness as a physician and as a citizen in a community, speaking from a long experience in a rural district.

The Chairman, The Hospital Board, City.

DEAR SIR: A previous engagement prevents my attending this meeting, wherefore I am submitting for your consideration the impressions brought away from the hospital session of the Medical Conference, recently held here.

I was deeply interested by the address of the Rev. Father Moulinier. The position he has attained in the hospital world, and his presence as a lecturer in such company, established that he was qualified to speak and advise on the subject matter of his address. And as he viewed the position from the outside of the medical ranks, his conclusions had a special value. Throughout his address he emphasized the necessity, that the records of each case be faithfully, and in an instructive manner, filled up by the doctor in charge of the case. He claimed that the patient and the hospital were entitled to the possession of an instructive record of the details of the case, including the medical and social condition of the patient at the time the said patient left the hospital. The patient was entitled to have these records filed with the hospital so that in the event of future treatment the ground which had already been gone over would be at the service of the practitioner attending the patient. Failing the existence of such a record all the knowledge of the patient's condition acquired during previous treatment is lost, and the next doctor would have to start in the dark, and find out what he could of the case.

The patient's loss under such conditions is obvious. For reasons bearing upon the history of the case recorded, and also

to provide guidance for treatment in similar complaints, the hospital has its own title to be in possession of the records of each case treated within its walls. Having stated these reasons, the claim of the medical profession that such records be kept, and be provided is very clear.

From this subject the reverend gentleman passed on to the question of the staff conferences at our hospitals. Once again the necessity for the regular and conscientious carrying on of staff conferences was advanced as the just claim of the patient, the institution, and the whole medical profession.

While I am only crudely outlining these matters, they were advanced with eloquence, and exact and business-like reasoning. The lecturer claimed that the standardization of hospitals was based upon these two essentials and could not survive unless they were conscientiously and unremittingly carried out. He was quite uncompromising in his statement that the standard value of the hospitals hung upon the development arising from these two activities.

Having heard this lecturer my mind went back to the able address given by our superintendent, Dr. Smith, who detailed the exhaustive provisions made in our institution for the very records referred to. No one listening to Dr. Smith could imagine that any recording facility had been unprovided for. It only remained for the doctors in charge of the case to do their share by filling in the history of the case.

This history, we had just been told, was the service to which the patient, the hospital and the profession was entitled to; and in consideration of the obtaining of which, the hospital is given the standard rating.

The utterances of the lecturers of this conference may be taken at their face value, at least this is the impression that a layman would gather. If this is so, it is part of our duty to endeavor to assist the superintendent to give effect to their recommendation.

I understand that it was at the wish of the hospital board that the Royal Alexandra received the standard rating. If this is so the board is vitally concerned that the hospital neither loses its rating, nor deserves to do so; and it would be well to discuss with the superintendent whether he was obtaining sufficiently satisfactory records or not: and if not, to see in what way the board as a body responsible for the conduct of

the institution, could assist him to fulfil his needs in the matter.

It is evidently impossible for every medical man to attend the staff conferences at every hospital in the city; but a plan might perhaps be devised whereby the doctors who principally use the hospital, be constituted the staff doctors for the time being. By this means each hospital would have the benefit in its staff conferences of those doctors associated most closely with the institution. The same benefit would obtain to the doctors concerned. Again this is a matter in which to obtain the guidance of the superintendent. The writer has not discussed the matter with him and is only voicing impressions which he carried from the hospital session of the conference.

The other two matters which I found most interesting were the lectures on the X-ray Department and the Laboratory.

Each of the able lecturers made the following statement:

"While the financial aspect of the department in review does not come within the scope of my paper, there are several methods by which this department can be made self-supporting. This, while providing the best service for the patient, which is, of course, the reason for the existence of the department."

No doubt these gentlemen knew what they were talking about, and their assurance should be the grounds of conference between the superintendent and the board, or in any case the financial branch of the board.

Yours very truly,

GEO. BEART.

Edmonton, Alberta

Canadian Hospitals

THE HOSPITAL FOR INCURABLE CHILDREN

A work of faith that goes on with a solid, consistent growth year by year is that carried on at the Hospital for Incurable Children, Bloor Street East, Toronto. At the annual meeting, held on November 2nd, reports were presented revealing the extent of the year's developments, and, again and again, reflecting a spirit of deep thankfulness for the success achieved.

H. H. Cameron, K.C., presided, and after the opening prayer by Rev. Stuart Parker, drew attention to the splendid results accomplished in the past twelve months.

The health of the children had been remarkably good, said Dr. J. C. Maynard, reporting for the medical staff. There was no infectious disease, though several patients were given special orthopedic and surgical treatment in other hospitals and returned to their "home" as soon as possible. The mental tone of the patients had shown great improvement, following the decision not to admit feeble-minded children.

It was with sincere and profound regret that the death during the year of Dr. Bruce Robertson, who had been closely interested in the work, was recorded. His place on the Board of Specialists had been filled by Dr. A. B. LeMesurier.

The Treasurer's report, read by Miss W. Freeland, showed total receipts for the year ending September 30 of $32,029, which included general donations of more than $3,000 and legacies of $6,987; total maintenance cost of $20,123, and a balance in hand of $2,551. Regular receipts showed a decrease of slightly over $1,500 from the amount received during the previous period, while total maintenance cost was nearly $200 less than in 1921-22.

Mrs. G. Tower Fergusson, in the absence of Mrs. R. A. Donald, presented the report of the Honorary Secretary. Referring to the proposal to delete the word "incurable" from the name of the home, because of the so-called depressing effect on the children, parents and passers-by, the report pointed out that so far as the children were concerned there was no objection whatsoever; rather they were glad of the good fortune

which permitted them to enjoy the comfort and happiness of such a home.

Major-General J. T. Fotheringham, in a most interesting address, traced the science of child welfare from its earliest beginnings. Other speakers were: Mrs. John I. Davidson, R. A. Donald, G. Tower Fergusson and Philip Jackson.

PRESENTS MEMORIAL TO INFANTS' HOME AT ANNUAL MEETING

The presenting of a memorial tablet to the Infants' Home, Toronto, was an important feature of the annual meeting held recently. The tablet, which is made of walnut, bears the names of the Board of Managers, 1875-77, those of the founders of the home, of the first patrons, and of the presidents (including that of Mrs. J. D. Tyrrell, who since 1919 has guided its fortunes). The names also of the endowed cots and rooms are given, all being outlined in gold letters. The ceremony of unveiling which usually accompanies such a presentation was omitted, but Sir William Mulock, on behalf of the present board, delivered the speech which formally made the tablet the possession of the institution, speaking with warmth and sincerity of the splendid efforts of the pioneers of the home, and with appreciation of the efficient service of the officers of to-day.

The annual reports were of an optimistic character, the only depressing anouncement—that of a deficit of over $2,000, including bills payable—being followed by the heartening news that a friend had cleared the home of all indebtedness. The total receipts of $54,324.50 included $14,114 from relatives of the children cared for; $26,621 from the Federation of Community Service; $6,326 from the City of Toronto, and $3,596 from the Province of Ontario.

In presenting the Treasurer's report, C. F. Jackes emphasized the fact that the Infants' Home does not receive the proportion of bequests that is its due, and suggested that the attention of charitably disposed persons should be directed toward it in order that it may share in their remembrances. The amount garnered in by the boxes placed in banks and other places of business amounted to $2,242.48, the salvage sale produced an income of $460.63, and the Cent-a-mile Fund brought

returns which admitted of the installing of the handsome tablet and left a substantial balance.

In her report on Home Finding, Mrs. A. D. Fisher told of the increasing satisfaction year by year of the present system of finding homes for the babies. The children, she said, are no longer denied a normal life, but are enabled to develop as individuals and not as machines. Another benefit of the system is that in many cases bereaved parents find solace in the care of the friendless infants.

Dr. A. P. Hart and Dr. F. S. Park of the medical staff of the Home spoke with enthusiasm of the work from a health standpoint. Dr. Hart recommended the weekly clinics, of which 47 had been held during the year for babies under one year, the average attendance being 30. For children over one year, 48 clinics had been conducted, 17 being the average attendance. Out of 458 admissions there had been fifteen deaths, a slightly higher percentage than last year, but accounted for by conditions beyond a doctor's control. Dr. Park spoke of the effect of the foster home on the health of children, declaring the element of love found there to be the secret of an attractiveness and wholesomeness not apparent in children reared in an institution. He paid a tribute to the foster mother, who, in most cases, proved to be a woman of heart and wisdom. Mrs. J. K. McMaster reported 526 applications to the home, with 204 admissions and 322 cases otherwise assisted. The children adopted for the year numbered 59.

GRANTS OF $125,000 FROM BOTH CITY AND PROVINCE PLEDGED TO HELP IN EXTENDING WORK TO AID INCURABLES

The Toronto Hospital for Incurables held its forty-ninth annual meeting on October 26th, at which Hon. Lincoln Goldie, provincial secretary, informed the Board of Management that the Province would give $125,000 to the Incurables' Hospital for the continuance of the carrying on of this important work.

The president of the board, Ambrose Kent, said in his address that the city had also been asked for the same sum, and the answer was: It would be forthcoming if the Province set the example; so that now, with the board taking the responsi-

bility for raising $50,000, the hospital has $300,000 with which to maintain, develop and enlarge, the institution, which, with its present accommodation, is unable to cope with the demands of all that claim admittance.

The need really calls for a building twice the present size, and the northwest corner of the lot affords ample room for another structure, and work on the foundation of this may begin before the spring. With its present capacity, twelve have to room out, and forty-six applicants for admission could not be received.

The superintendent, Miss E. M. Cook, in her report for the year 1922-23, said there were 227 patients in the hospital on September 30; 299 were cared for throughout the year; 5 discharged, 67 deaths, and 67 admissions. Although many of the patients were utterly helpless, one man having never stood on his feet for nineteen years, and ultimately losing his eyesight, Miss Cook said that, despite great handicaps, they had a little workshop in the basement, where toys, lamps and other articles were made by the inmates. Also, in the wards where patients were perpetually confined, ten large electric fans were installed by the proceeds from their bazaar.

Miss I. Z. Groat, secretary-treasurer, stated in her report that the expenditure for the last year was $177,143.66, and their receipts totalled $168,871.48.

In commemoration of the president, Mr. Kent's twenty-five years of faithful and unceasing efforts in behalf of the incurables, the board presented the institution with a large portrait of him, which was unveiled by Miss Mortimer Clark.

The present Board of Management remains in office, as follows: Mrs. Grant Macdonald, Miss Mortimer Clark, Mrs. J. P. Balfour, Mrs. A. Cowan, Mrs. William Davidson, Mrs. S. F. Fountain, Lady Hearst, Mrs. Stewart Houston, Mrs. Ambrose Kent, Miss Grant Macdonald, Miss Effie Michie, Mrs. Hugh MacMath, Miss J. M. McGee, Mrs. William Sparks, Ambrose Kent, Noel Marshall, John Macdonald, Dr. W. H. B. Aikins, W. A. Baird, Rev. W. E. Baker, Rev. Canon Bryan, George W. Booth, John Firstbrook, S. B. Gundy, Ven. Archdeacon Ingles, W. G. Kent, Dr. Edmund E. King, E. J. Lennox, R. Millichamp, Mayor Maguire, J. O. McCarthy.

CHRISTIE STREET HOSPITAL

The comprehensive scheme that directs D.S.C.R. activities at Christie Street Hospital tends to make this institution complete within itself. From butcher shop, to boiler room, to movie palace, are but steps in the synthetic plan that makes the hospital more than a mere institution. It is a community practically depending on its own resources, in so far as the daily round of life is concerned. Federal authorities have seen to it that money should not be spared in an effort to strengthen the sense of unity and completion that prevails at Christie Street.

Soldiers with service disabilities need merely follow the customary channel of admittance and they will be welcomed. Such a procedure is a simple and effective one. The soldier comes to the hospital and asks for a doctor. He is directed to the particular clinic that will consider his ailment. There the doctor examines him and, if necessary, refers him for a special examination. The doctor may see fit to advise the applicant to report at regular intervals to the clinic for it may be possible that his case requires but casual treatment. These clinics are equivalent to the outdoor clinics at the General Hospital. They include all branches of medical science and are open from 9 a.m. to 5 p.m.

But if an ex-soldier suffering from an army disability is unable to come to the hospital, even though it be five years after his discharge, a D.S.C.R. officer goes to his home and attends to him in the manner of a private physician. At all hours a medical officer is available for this work. Those patients who are receiving casual treatment at the hospital have their prescriptions filled in the adjoining dispensaries before they leave the building. The patient receiving home treatment has his medicine brought to him by the doctor or by a social service nurse.

Dr. Hewitt, of the administration staff explains that many ex-soldiers sought assistance on the ground of patriotic sentiment or distinction in service, whereas matters would have been considerably facilitated if the claim had been based purely on an army disability.

Once within the hospital the soldiers become one of that unique and gallant little community some 400 strong. A staff of fifty graduate nurses are administering to the wants of the

men. Ten resident physicians and a large staff of consultants are in attendance.

Like most communities, this one at Christie Street has its gradation. It is only just to consider first the spinal ward on the fifth floor. There are thirty-four surgical tubercular cases. Some of these men are not only prostrate, but require the use of the Bradford frame, adjustable according to the required position of the body. And yet the spirit of the men is admirable. Some of them indeed are able to sit up and they have a quiet confidence in their ultimate recovery. One is surprised at the nicety with which they employ their reflecting mirrors. Almost as soon as one enters the door his image is visible to the men, and there are a number of them who are continually drawing or writing while remaining on their backs.

The successful treatment of these cases depends largely upon their exposure to sunlight and air. Thus they are adjacent to the roof, where they can be readily wheeled. Sometimes sunlight is not available. Then they depend upon large Alpine lamps which generate artificial sunlight. There is very little surgical work in the treatment of these cases. These men are far from being despondent. They realize that sixty of their comrades have been discharged as cured. In any event every provision possible under the circumstances is offered for their entertainment. A handsome radio outfit is a great favorite with the men.

On the fourth floor are the nose, throat and eye clinics, and the much discussed diabetic laboratory. There is one case in particular that bears mention. This man, who is in a room by himself, came to the hospital troubled with pulmonary lesions and diabetes. As he put it himself, he "came there to die." Thanks to the use of insulin, he gained forty-five pounds, and is able to sit up, enjoy food, and chat amiably with visitors. He is a most active person. The radio set, the result of his labor, is a marvel of neatness and accuracy. Radio is his hobby. He declares that he feels sure that he heard Lloyd George's speech by radio more clearly than the more fortunate ones who had been able to go to Massey Hall. On this floor there is nothing quite so astounding as his progress. It is interesting to watch the nice manipulation of the X-ray apparatus in its depart-

ment. Then, too, there is a sitting room and piano easily accessible to the patients of this floor.

General medicine occupies the third floor. In addition to the chest clinic, the amputation cases awaiting the shrinking of stumps are on this floor. In one ward there are sixty-five beds. There is very little of the staid formality one associates with a hospital noticeable in the ward. In the centre is a small space made into a sort of lounging room. A gramophone is there and the inevitable radio set. Then there is the usual floor sitting-room available to visitors and those patients who are able to get around. Some one is usually at the piano, and the strains of music, not only on this floor, but on the others as well, help to give that very distinctive touch to Christie Street Hospital.

The hospital library is on the second floor. It is a commodious and well-stocked room, and seemed to possess a bewildering amount of literature when one considered its size. The Y.M.C.A. employs a man to look after the library, and at the same time he relieves the hospital authorities of the difficult task of looking after the various forms of recreation. The general surgical ward on this floor has a great variety of interesting cases, for the most part men whose lives have been actually saved by the prompt and effective treatment of the house physicians. It is not stretching the truth to say that a great number of these men had abandoned all hope when they offered themselves for treatment. Some of them are very eager to tell of their truly amazing progress. Incidentally Dr. McMane, the hospital superintendent, said that it was remarkable how willing some of the boys were to give a small piece of bone or their blood to less fortunate fellows.

A commodious space is given to the quarters of the Euclid Hall boys on the first floor. They have two rooms, one the actual ward, where a great effort has been made to eliminate the hospital atmosphere, and the lounging room, distinct in every way from anything of that sort one would expect to find in a hospital. There are billiard tables, where true dexterity may be observed when the men spin in their wheel chairs from one corner of the table to a finer point of vantage to execute some difficult shot. These men are billiard

players of no mean order, and very often defeat their visitors. Of course, radio is there. Two sets, in fact.

In the basement is where one realizes the broad scope of this institution. In the engine room 580 horse-power is generated; four tons of coal are required to heat the place on a cold day. And here they have their own steam pressure cookers, their own butcher shop, their own grocery store, and it might be well to say they have their own dietetic staff. There is a cloakroom such as one would find in any modern hotel, where the patients check their wraps. The barber shop lacks nothing but a barber pole. The canteen sees to it that the incidental wants of the men are supplied. Then there is the dining hall capable of seating nine hundred.

Quite the most interesting features of a rather unique hospital are the departments devoted to leather and basket work. Fortunately the men are able to work according to inspiration, rather than systematically. In this way there is a great variety to the work. Telephone pads, music rolls and a great assortment of oddities in leather testify to the skill of the men. In the basket work department they weave with a skill and patience which would be a credit to the actual craft. It should be understood, however, that this work is purely therapeutic, the idea being to increase the fluency of the fingers and loosen up the joints, stiff after long inactivity. The authorities do not concern themselves with the actual money value of the work.

From the basement there is a long runway that leads to the auditorium, which is the entertainment centre. It is at times a movie palace, a theatre, and a concert and assembly hall. Every Sunday afternoon during the summer months the Toronto Musical Protective Association provided a band, and during the winter months some of the finest of the city orchestras play there.

A well-equipped gymnasium completes an extraordinary building.

The grounds of the building are not large, but they serve the requirements of the patients. There is a baseball field, tennis courts in the summer, and a rink during the winter. Certainly among the most distinctive features of the grounds are the nurses' residence and the red cross lodge. Expense has not been spared to give the nursing sisters pleasant little

comforts that make the residence homelike and agreeable. The red cross lodge is a haven for the patients who seek a change of atmosphere and a pleasant place to receive their friends. Its furnishings are rich and even luxurious, and in many ways its lounging room surpasses any room connected with the hospital.

RECEPTION HOSPITAL IN TORONTO BECOMES ACTUALITY

In the presence of a little group of physicians and psychiatrists—men who have worked hard to establish in Toronto adequate provision for the care and treatment of incipient mental diseases—the corner-stone of the new Reception Hospital on Surrey Place was well and truly laid by Mayor Maguire on October 12th.

There was less ceremony than usually marks these formal services. Scarcely fifty persons were present; but a feeling of something accomplished pervaded the simple service; an up-to-date institution, long needed in Ontario, was well on the way to become an established fact.

Dr. C. K. Clarke, former Dean of the Faculty of Medicine, University of Toronto, voiced feelings of gratitude that this needed want was at last to be filled. Hon. Dr. Pyne recalled Dr. Clarke's long labor to have a reception hospital established here; for twenty-five years Dr. Clarke has worked with this end in view, he said.

In the erection of the hospital, city, Province and University have co-operated. The University of Toronto provided the site, the city the building, and the Province will administer the institution. At the ceremony all these bodies were represented.

From the University there were present Sir Robert Falconer, Dean Primrose of the Faculty of Medicine, Dr. C. K. Clarke, and other leading physicians and psychiatrists. Hon. Lincoln Goldie, Provincial Secretary; Dr. Harvey Clare, Provincial Psychiatrist; and W. W. Dunlop, Inspector of Hospitals and Charities, represented the Province. There was a large civic delegation, including Mayor Maguire, Controller Hiltz, City Architect Price, Commissioner Daniel Chisholm, Dr. C. J. O. Hastings, Chairman Hacker, of the Property Committee, and Ald. Dr. Risk, Donald C. MacGregor, R. H.

Cameron and Magistrate Jones. Among others present were: Dr. W. M. English of Hamilton, Dr. Stowe Gullen and Mrs. Huestis of the Toronto Mental Hygiene Committee. Rev. Dr. E. A. Henry of Deer Park Presbyterian Church offered the invocation.

Sealed in a copper receptacle, in the centre of the stone were placed reports of Lloyd George's reception and speeches, all the Toronto newspapers of the day before, the coins of the realm and a record of the steps leading up to the erection of the institution.

WOODSTOCK HOSPITAL TRUST

The Board of Trustees elected at the annual meeting of the Woodstock Hospital Trust are: John A. Bain, Dr. A. M. Clark, E. J. Coles, T. L. Hay, E. W. Nesbit, James Dunlop, John R. Shaw, W. J. Taylor, John D. Patterson and H. A. Little. Mayor Murray and Warden Hollier become members of the Trust by virtue of the offices they hold in the city and country. Harry Sykes and George Otten were reappointed as auditors.

HOSPITAL MATRON RESIGNS

Miss Failes has resigned her position as matron of Hanover Memorial Hospital, owing to ill-health. The new superintendent is Miss Reynolds of Stayner, Ont., who comes to Hanover from Winchester, Va., where she has been engaged in hospital work. Miss Reynolds was formerly matron of Goderich Hospital.

FELLOWSHIP FOR INTERNS

Toledo, Ohio, Hospital, of which P. W. Behrens is superintendent, recently announced the foundation of a fellowship for interns. The award will be $1,000 and will be given to the intern doing the best scientific work and writing the best thesis, as decided by the executive committee of the staff.

Book Reviews

Practical Dietetics with reference to diet in health and diseases, by Alida Frances Pattee, Graduate, Department of Household Arts, State Normal School, Framingham, Mass.; former Instructor in Dietetics, Bellevue Training School for Nurses, Bellevue Hospital, New York City. Fourteenth edition, completely revised. A. F. Pattee, Publisher, Mount Vernon, New York. 1923.

It is but seldom that any book, whether for nurses, doctors or the general public, has to be revised almost every year. It must be a source of gratification to any author to be called upon to do so. Such is the case with Miss Pattee's "Practical Dietetics," resulting in its fourteenth edition being revised throughout. Any book that has become "better and better" is quite safe to purchase and read "every day in every way."

Hughes' Practice of Medicine. Including a section on mental diseases and one on diseases of the skin. 12th edition. By R. J. E. Scott, M.A., B.C.L., M.D. With 63 illustrations. Philadelphia: P. Blakiston's Sons & Co.

This handy volume of 800 odd pages covers in a succinct and fairly thorough way the field of medicine for students, nurses and young practitioners. The various diseases are grouped in classes, and are discussed systematically under certain causation, pathology, symptoms, signs, prognosis and treatment. Each new edition includes a description of the newer diseases and any new phases of the older ones. New sections deal with trench fever, acidosis, kidney function, heart irregularities and the like. One notes the various formula with approval; for after all the ultimate end is to relieve the patient. After the wave of therapeutic nihilism which rightly laid stress on diagnosis and laboratory and pathologic studies, we welcome any work which stresses treatment; and the tyro is always pleased to have available some of the standard formula to which he may refer when giving prescriptions. The chapter on physical diagnosis will also be valued.

SIGNAL SYSTEMS FOR HOSPITALS*

Recent years have brought about many discoveries in the medical and electrical branches of science. Electricity and electrically operated appliances are continually being used by the medical profession, and the demand for reliable electrical equipment is becoming acute. Hospital Signal Systems are a small but important part of the electrical field used by the medical world, and it doubtlessly would be of great advantage to doctors and those connected with the management of hospitals to investigate the merits of the various systems. Realizing the importance of Hospital Signal equipment, manufacturers have placed on the market a number of high grade systems, some of the most important being: Silent Nurse Call Systems, Doctors' Silent Paging Systems, Fire Alarm Systems, and Interior Telephones. The value of Nurse Call, Fire Alarm and Interior Telephone Systems, need not be commented upon. However, Silent Doctors' Paging Systems and In and Out Annunciators are not so well known, though doubtlessly in the near future they will become part of every hospital. With the Doctors' Silent Paging System, a doctor or official can be quickly located throughout the hospital without any noise or confusion, by means of light signals displaying a combination of letter and figure. How many times does it not happen that a doctor, having an important private practice, upon entering a hospital becomes difficult to locate, and his private practice very often suffers. With the adoption of the Paging System, such conditions are reduced to a minimum. When hospitals are equipped with In and Out Annunciators it is possible to see at a glance whether certain parties are on the premises without inconveniencing or restricting those who use the Annunciator. This is accomplished by placing a small sending station at the various entrances connected to one or more indicators. The brief description given only leads to an insight of the numerous systems that are available. There are companies specializing in equipment of this nature, who would be only too pleased to act in a consulting capacity and lay out Signal Systems that meet all requirements; therefore, no institution should deny themselves this valuable service.

*A firm who specializes in the above equipments is The Connecticut Telephone & Electric Co., of Meriden, Connecticut, who will gladly give estimates on request.

NEW DEVELOPMENTS IN THE MICROSCOPE

The last few years have seen considerable development in the microscope, which has contributed to the convenience and utility of this necessary piece of laboratory apparatus. The idea of so constructing an instrument as to permit of the use of both eyes, in other words the binocular microscope, is by no means new. It is a fact beyond question that eye strain frequently results from the use of one eye while the other is left idle, whether closed or not, for considerable periods of time. In fact the binocular microscope has done even more than to prevent eye strain. It has served in many instances to bring back into service an eye which through long continued disuse had, partially at least, lost its keenness. Recent developments, however, have brought this convenient accessory within the reach of the ordinary laboratory worker. This has been done by so adjusting the stand as to make the binocular body and the single tube easily and quickly interchangeable. The same instrument is thus available for binocular vision when required, or for monocular work where problems of illumination are difficult, or where Camera Lucida drawing are required, or for making photo-micrographs. Improvements have also been made both in substage condensers and in mechanical means for their manipulation. The purpose of the old Abbe type of condenser has been mostly to flood the object with light, but the importance of corrected or achromatic condensers has long been recognized, attention having been given to the improvement of which not merely concentrate light on to the object, but furnish a well directed cone of light which passes through the specimen and into the objective. In order to fully utilize the advantages of high grade condensers, it is necessary that they should be accurately focused. Substages are, therefore, provided in which the condenser may be focused not only by the standard rack and pinion movement, but by a fine adjustment as well, permitting focusing of the condenser with the same accuracy that is applied to the objective itself. If a well constructed condenser is correctly focused on the specimen and then while the object is under observation is slightly displaced, a haze will be seen immediately to appear in the field. This haze always exists with uncorrected or improperly focused condensers. Of

course, the fine adjustment of the substage would have no advantage unless used with a condenser capable of accurate focusing.

It is true, furthermore, that condensers best suited for one objective are not necessarily best for other objectives of a different power. This involves the necessity of a convenient means of interchanging condensers. This has been provided in a new Spencer microscope by furnishing a fork in the substage into which different accessories may be slipped horizontally instead of forcing them in or out of a ring as in the old device. This makes changing of substage accessories practically as convenient as the changing of objectives. The substage fork is also capable of receiving either the standard substage dark field illuminator or the special illuminator with electric light included. With the introduction of this type of substage, it is expected that further experience in the use of various substage devices will demand a constantly increasing variety of such devices. A further improvement has been made in the method of handling the slide which has ordinarily been placed on the stage of the microscope. The objection to so placing it is that after oil contact has been made between the lower surface of the slide and the condenser, the stage is smeared by the oil when the slide is moved. The improvement consists of a mechanical carrier for the slide in which the slide is supported without resting on the stage of the microscope. Thus when it is moved about oil is not spread over the microscope stage.

In the construction of objectives little definite progress has been made in the last dozen or more of years. This is not because no careful attention has been given to the matter, but because objectives have become so thoroughly well developed that there seems little opportunity left for improvement. In these days of wonderful progress in many fields, it seems almost absurd to state that the limit in any direction has been reached, but until some new fundamental principle of optics is discovered we cannot look for further marked progress in objective construction. This is not true of eyepieces. It has been the customary practice to so construct eyepieces that the image which is formed by the objective is viewed through a single uncorrected lens. There have recently been introduced eyepieces in which this lens is both

chromatically and spherically corrected. Eyepieces thus constructed are made by the Spencer Lens Company under the name of Planoscopic Oculars. When used with such oculars the superior qualities of a good objective are more completely utilized. Thus we find that while we have been inclined to regard the microscope as an instrument that had reached the height of its development, that this is true of objectives only. Improvements are constantly being made in the mechanical design of the instruments, in the construction of the illumination or condensing systems and in the eyepieces by which the objective images are viewed.

PUBLISHER'S DEPARTMENT

STANDARDIZED HOSPITAL CHARTS

With the advent of The R. J. Lovell Co., Ltd., into the field of hospital supplies, all hospitals and sanitoriums have a source through which they can purchase standardized charts and records from stock, in any quantity, at any time, and at exceptionally low prices. The name "Lovell" has been identified with printing and publishing for well over half a century —dating back before Confederation. Those who lived during those stirring days when Canada was in the formation learned their first lessons from Lovell's geography, and other school books published by them. For some years special attention has been given to the production of loose leaf ledgers, account books, stationery, forms for various purposes, and office supplies. These are made in Canada, in their own plant, and are conceded by enthusiastic users throughout Canada to be the most carefully designed and most satisfactory goods on the market. Among the many forms intended for hospital use, are the improved physical examination charts, clinical charts, and temperature charts. These have been prepared after consultation with many of the leading physicians and hospital authorities in Canada, Great Britain and the United States, and have been enthusiastically endorsed by prominent members of the medical profession, among whom there is a strong and growing sentiment in favor of standardized forms. It is obvious that the use of standard charts would greatly assist the physician or surgeon when going from one hospital to another, as the information on a chart would be uniformly pre-

sented and quickly comprehended. The work of nurses would likewise be greatly simplified. These forms, including those of The American College of Surgeons, are kept in stock for prompt shipment. Not only is this a great convenience to the buyer, but it also gives him the benefit of a superior article at a much lower price than has heretofore been paid. A feature worth noting is that the majority of these forms are lithographed—not printed—giving a much smoother writing surface, and avoiding the tendency to curl, so often found in printed forms containing a large number of ruled lines. Sample forms will be gladly sent to any physician, nurse or hospital official, who will advise what forms are wanted. Suggestions as to their improvement will be welcomed, as it is only by the co-operation of those using them that these forms can be brought to the high state of perfection aimed at by the manufacturers, and made most serviceable to the users. Address all inquiries or suggestions to The R. J. Lovell Company, Ltd., 144-150 Simcoe Street, Toronto. See advertisement on page xix.

CATARRHAL VACCINE RESPIRATORY, P.D. & CO.

While cold weather is considered the proper season for colds, if there is any proper season, the fact is that the microbes are not a bit particular. All that they are waiting for, at any time of the year, is a sudden change of temperature for which the individual finds himself unprepared, or some digestive difficulty that impedes the circulation of the blood, or as some authorities declare, contact with a "sneezer." Certainly "colds" are not confined to the winter season. Somebody or other has a cold every day in the year. Some of your patients are peculiarly subject to respiratory disorders. Why not immunize them? It has been done thousands of times with the P.D. & Co.'s Catarrhal Vaccine Respiratory. Four to six injections will usually suffice; your patient is then protected for several months; not permanently, perhaps, until he has had four or five courses. The Vaccine is used also in treatment with good effect. All the Parke-Davis vaccines are of high quality; and the list is not a long one—no longer, we believe, than the success of vaccine therapy justifies. All low-count vaccines have been cut out, so that now the practitioner can administer any dose he may decide upon by measur-

ing it out in his syringe from a 5-cc or 20-cc vial containing a concentrated product. Only two vaccines in the P.D. list contain less than a thousand million organisms in each cubic centimeter, while some of them contain as many as five thousand million.

A VALUABLE G-U TONIC.

"I am prescribing Sanmetto in many of my cases, more especially as a G-U tonic and corrective. I find it a meritorious product, and I will say here—not to prescribe it where indicated is doing a great wrong to patients." *From an unsolicited letter received by the Od Chemical Co., New York City.*

SAL HEPATICA.

This preparation is an agreeable effervescent saline laxative and uric acid solvent, and has rapidly gained the favor of physicians generally. It has a combination of lithia and sodium phosphate with the laxative salts similar to those found in the most famous European bitter or purgative waters. Sal Hepatica can be employed as a laxative and eliminant of irritating toxins with safety and satisfaction in inflammatory conditions of the bowels, and is worthy of a prominent place in the treatment of diarrheas of infancy and childhood.

ARHEOL.

The therapeutic value of Arheol is due to its containing a pure and active sandalwood oil. As such, it is one of the best agents in the treatment of inflammations of the urinary tract. It is also a valuable preparation to use whenever a balsamic is indicated. In gonorrhea, Arheol is especially valuable to alleviate pain and reduce inflammation during the early and acute stage of posterior urethral involvement. It also has a beneficial effect in the subacute and chronic forms, as well as in acute and chronic cystitis. To sum up, Arheol is a pure balsam of constant composition, and of higher potency than plain commercial sandalwood oil.

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Should instruct their Nurses and domestics to use

GILLETT'S PURE FLAKE LYE

for disinfecting sinks, closets and drains. It is also ideal for the cleansing of urinals and bed pans—in fact any vessel that requires disinfecting. Gillett's Flake Lye should always be used for scrubbing hospital bath tubs and operating room floors.



For cleansing and disinfecting, dissolve one teaspoonful of Gillett's Lye in two gallons of water. The fine crystal flakes dissolve instantly in hot or cold water.

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PHILLIPS' MILK OF MAGNESIA.

The Grand Prize which was awarded to Phillips' Milk of Magnesia at the recent Brazilian International Centennial Exposition is only an added honor to many which have come to the famous product during its many years of usage as a dependable medical and dental aid—holding the confidence of the world's greatest physicians and doctors of dental surgery.

Director General J. W. Finch, of the American Industrial Pavilion, in writing to The Charles H. Phillips Chemical Company from Rio De Janeiro sent the message: "I wish to congratulate you for the recognition given your product and it is my sincerest desire that all manufacturers and their representatives who have participated in this Pavilion make the most of the prestige gained. The American Pavilion has enjoyed the greatest success of any Pavilion in the entire Exposition and has also been honored with a Grand Prize."

CARE IN THE PRODUCTION OF MILK.

Many cases are on record showing that sickness and disease have frequently been the result of carelessness in the production of milk.

Fortunately, however, recent years have witnessed marked improvements in the methods of handling milk. In fact, one Toronto dairy—The City Dairy Company, Limited—has, since its inception, done everything in its power to safeguard their customers. They recognize what an important part milk can take in the maintenance and improvement of public health and act accordingly. The care exercised by them begins right at the source of supply—the cow. When the milk arrives at the dairy—a dairy equipped with the latest word in milk machinery—it is scientifically pasteurized in the Jenson Coil Pasteurizers. The processes of cooling and bottling are given the utmost attention by the City Dairy Company, Limited.

Such methods as these should be encouraged by every physician, for they contribute materially to the successful promotion of the crusade for better health.

READY MADE PADS.

It is necessary to make most pads and dressings from gauze and cotton, in the hospital. But one style of pad is now available, all made up and ready for sterilization.

These are perineal pads—Curity hospital pads—made of Curity 2A absorbent gauze and a good grade of absorbent cotton. Six pads are rolled compactly, so that storage space required for them is small. Many hospitals have tested carefully the amounts of gauze and cotton required to have pads made in their hospitals, with the conclusion that they are using Curity hospital pads with real economy. Ask the Curity representatives in Winnipeg, Toronto, or St. John, for information about these pads.

Save Money on Your Hospital Stationery and Forms

Hospital charts, loose-leaf ledgers, account books and office supplies, manufactured by us and sold at prices which will surprise you.

——SPECIAL TRIAL OFFER——

To introduce these forms, we make the following offer, good only until January 1st: Clinical Record at 50 cents per hundred
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These prices are on the basis of our standard prices per thousand, and are so ridiculously low that you may think that they are not up to standard. As a matter of fact, they are much above the usual standard of quality, and these prices are only possible by reason of the enormous quantities in which they are produced.

All our goods are *absolutely guaranteed satisfactory* or they may be *returned at our expense* and your money will be cheerfully refunded. A trial order solicited.

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Junket, or milk in its most nutritious form, is covered in the Junket Booklet of Tested Recipes. We offer this in the belief that it may be of value in cases where milk in pre-coagulated, easily digested form is ordered.

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½ lb. 1 lb. and 2 lb. Tins

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A BRAND OF COCOA WITH A DEFINITE FOOD VALUE.

For a patient with temperature, thirst and a parched tongue, accompanied by inability to take ordinary nourishment, there is perhaps nothing so refreshing as a properly prepared cup of cocoa. Cocoa made by a reputable manufacturer has a definite food value. It is nourishing and will sustain, for instance, a typhoid patient for several weeks or indefinitely. A brand of cocoa that has been on the market for many years and has been a favorite prescription of thousands of physicians is that of Walter Baker & Co., Limited, Dorchester, Mass., and Montreal, Que. It is absolutely pure and is put up under the most sanitary conditions. The medical profession of Canada may continue to prescribe it, knowing that any package bearing the name of Baker is "right."

CASH'S WOVEN NAMES

I shall never forget, lying in my bed in a certain hospital in Montreal, an amusing (to me) incident when my nurse went to the closet to get some fresh bed linen, and like old Mother Hubbard found the closet bare; another nurse, in a hurry, having confiscated her allotment; I think the laugh I had over her discomfiture helped me to get well. Before leaving that hospital I suggested a way to overcome these troubles by the simple expediency of marking uniformly with Cash's Woven Names. To-day all linen is marked with little labels like this: "Ward 3"—"St. John's Ward"—"Third Floor"—"Nurses," etc.; result being that each floor, or ward gets its proper allotment. Then, too, the name of the hospital is attached. The linen that goes out always comes back.

To allay the anguish of my nurse I sent her some of these tapes with her name daintily woven on. Was she pleased? You can realize how much, when she was able from now on to identify all her garments, entailing no more losses. Aprons, gowns and clothing all have her name on. So here we are worrying "What shall I give at Xmas?" and here is the answer —a box of Cash's Woven Names, made by J. & J. Cash, Inc., at Belleville, Ont.

JUNKET TABLETS FOR MAKING INVALID DESSERT.

Junket is rich in food value. It contains no gelatine or cornstarch, and requires no baking or boiling. Junket is recommended by physicians, nurses and dietitians, and is ideal for use in the sick-room. Junket Tablets make a delicious dessert, or a rich, smooth, velvety ice cream, that are most refreshing to any patient. Prepared only by Chr. Hansen's Laboratory, 201 Church Street, Toronto.

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A compound of **Boric Acid, Eucalyptol,** and **Zinc Oxide** in a special ointment base.

Aseptico is particularly indicated in burns, cuts, scalds, suppurative tumors, and ulcers.

As a base for incorporating other ingredients, **Aseptico** has no equal.

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TORONTO - - CANADA

Opinions differ; but

surgeons and hospital buyers agree on certain points. One is the importance of absorbency in gauze.

Consider a gauze sponge. Its purpose is to absorb moisture. Therefore whiteness, even weave, firmness, although essential in gauze, are secondary to absorbency.

Curity standards require that one-half yard of gauze folded into a four-inch square shall sink in eight seconds or less.

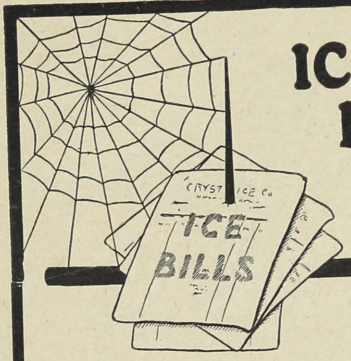
Every bolt labelled Curity has this high absorbency, and assures to users the service they expect in gauze.

Curity Absorbent Gauze merits your confidence

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Selling Agents: Western Canada, Gibson-Paterson, Ltd., Winnipeg.
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H. L. Brown & Co., Toronto.
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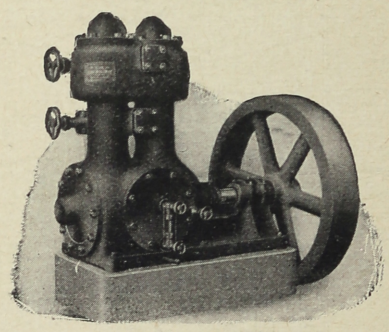


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TO USERS OF *York* Mechanical Refrigeration

Ice bills and the worries that go with the iced refrigerator are soon forgotten by the Hospital Staff whose refrigeration is produced by a York Mechanical Refrigerating System.

The constant, low temperature produced by Mechanical Refrigeration preserves the foodstuffs placed in the refrigerator in prime condition. York Machines also manufacture economically, the necessary ice for institutional use.



Write us for information and prices

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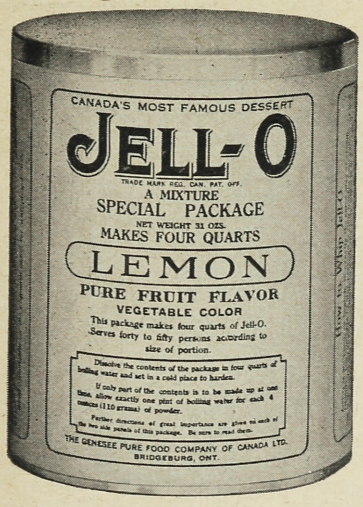
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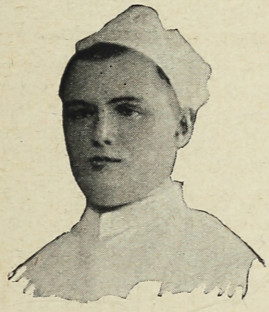
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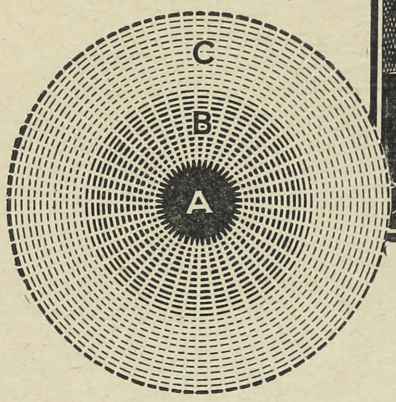


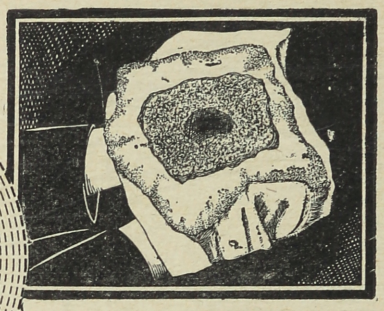
Frederick Lunk, Head Chef at the great Brooklyn Y. M. C. A. pictured above, writes—

"We have used Jell-O here in the largest Y. M. C. A. in the world for the past five years. We like it, and our customers like it. It is easy and quick to prepare, tastes good and delights the eye."

Jell-O means home-and-mother cooking to a great many folks. That, of course, makes it the perfect dessert for wise hospitals, hotels and restaurants. The Institutional Package of Jell-O is this same famous and favorite Jell-O packed in a giant box for greater convenience and economy in serving many people.

The Genesee Pure Food Company of Canada, Limited
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Antiphlogistine poultice, some hours after application to inflamed area. Centre is moist, where exudate has been drawn from the congested tissues. Periphery, covering normal surrounding tissues virtually dry.

This chart shows the Osmotic action of Antiphlogistine

DIAGRAM represents inflamed area. In zone "C" blood is flowing freely through underlying vessels. This forms a current away from the Antiphlogistine whose liquid contents therefore, follow the line of least resistance and enter the circulation through the physical process of endosmosis.

In zone "A" there is stasis, no current tending to overcome Antiphlogistine's hygroscopic property. The line of least resistance for the liquid exudate is therefore in the direction of the Antiphlogistine. In obedience to the same law, exosmosis is going on in this zone, and the excess of moisture is thus accounted for.

Antiphlogistine generates and retains heat upwards to 24 hours

Due to the chemical reaction which goes on during Osmosis between the c. p. glycerine of Antiphlogistine and the water of the tissues, Antiphlogistine keeps up a steady heat generation.

This sustained heat is invaluable; relieving congestion by increasing superficial circulation, stimulating the cutaneous reflexes, and causing contraction of the deep-seated blood vessels.

Used by hundreds of thousands of physicians the world over.

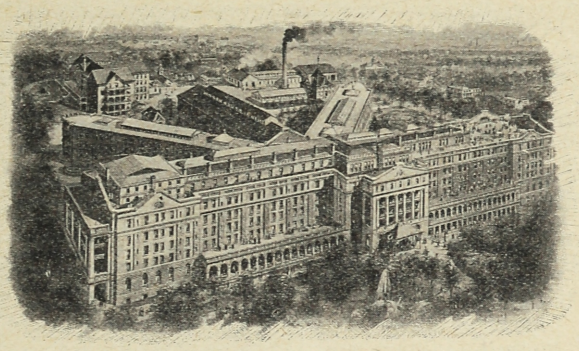
Antiphlogistine stands alone as a non-toxic, non-irritant abstractor of fluid exudates in superficial inflammations. It relieves deep-seated congestion by inducing superficial hyperemia, through its inherent hygroscopic property, and without irritation.

Let us send you our free booklet "The Pneumonic Lung." Address The Denver Chemical Company, Dept. A, New York, U.S.A. Branches: London, Sydney, Berlin, Paris, Buenos Aires, Barcelona, Montreal.



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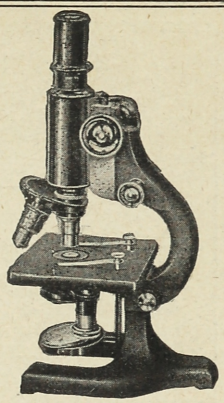
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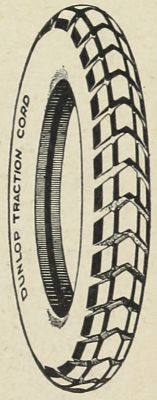
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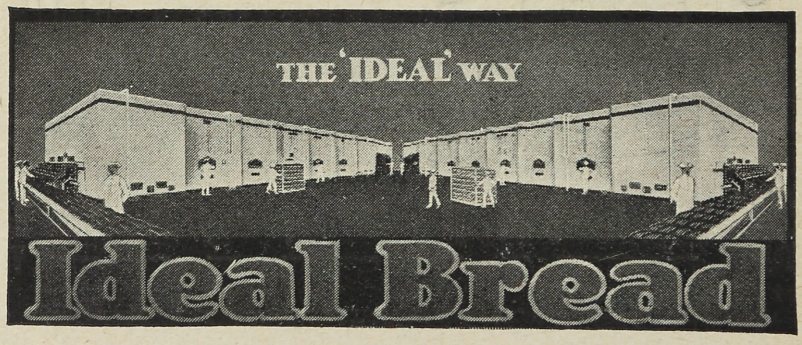
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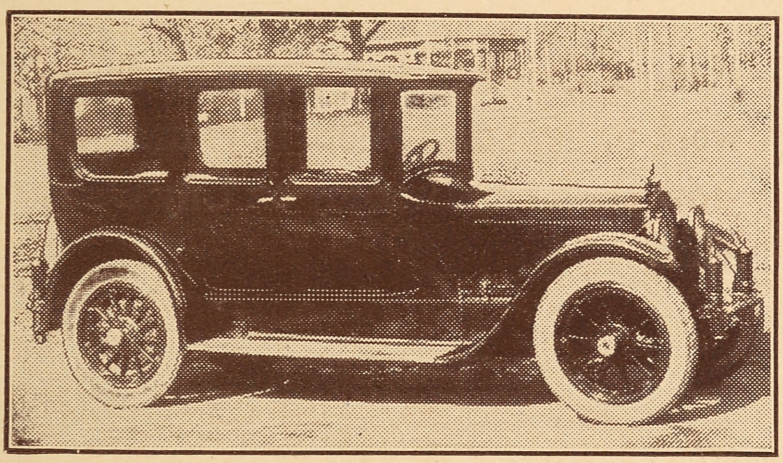
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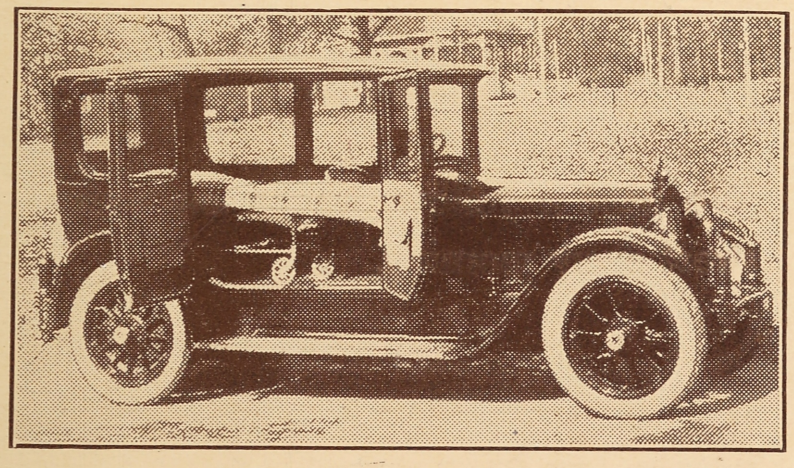


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